


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90142 042 ****61.25

DOCUMENT # 706371					
1. Entity Name THE FORT MYERS BEACH WOMAN'S CLUB, INCORPORATED					
Principal Place of Business 175 STERLING AVENUE FT MYERS BEACH, FL 33931 US			Mailing Address PO BOX 22 FT MYERS BEACH, FL 33931 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6133785	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PEDERSON, KJELL 2555 ESTERO BLVD. FT MYERS BCH, FL 33931			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, SALLY		NAME		
STREET ADDRESS	12 ARENIDA CARITA		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENE, BARBARA		NAME		
STREET ADDRESS	274 CURLEW ST		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, MAUREEN		NAME		
STREET ADDRESS	4361 BAY BEACH LN		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADFISH, HELEN		NAME		
STREET ADDRESS	5580 AVENIDA PESCADOTA		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERL, NANCY		NAME	MARY Stouder	
STREET ADDRESS	4341 BAY BEACH LANE # 442		STREET ADDRESS	650 MATANZAS Ct.	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		CITY-ST-ZIP	Fort Myers Beach, FL 33931	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUEGER, JERRY		NAME		
STREET ADDRESS	127 BAY MAR DR.		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Maureen Sullivan</i>			Date: 3/30/06 (739) 463-0780		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		